

101. Section C-7.1.10 requires all network providers to submit all claims electronically. However, an exception to this requirement may be granted for a justified reason by the Regional Administrative Contracting Officer. Please explain what circumstances would constitute justification for not submitting claims electronically. Does the government anticipate that the exceptions will be granted on the basis of individual provider, provider type, claim type or some other classification? In the event that a network provider who has not been granted a waiver for the electronic filing requirement submits a hardcopy claim, how is the contractor to handle such claim? How does a network provider submit an electronic claim that requires a paper attachment?

RESPONSE: Justifications would be on a provider by provider request and would have to demonstrate extreme necessity for retention of the provider in the network. The Government expects the contractor to manage their network providers in a manner that fulfills the MCSCs contractual obligation. We are not aware of any remaining Government required claim attachments.

102. Section C, C-7.1.14 states that the contractor shall verify all providers "authorized" status through the TRICARE Management Activity centralized TRICARE Encounter Provider Record (TEPRV). Where may we obtain more information on the TEPRV system? Is there a requirement to read and validate provider information submitted on a claim against this file during claims adjudication? Is the contractor required to interface electronically with the TEPRV database? If so, will this be on-line, real-time access available 7 days a week, 24 hours a day?

RESPONSE: The answers to your questions are contained in the TRICARE Systems Manual (TSM) 7910.1 M, August 1, 2002.

103. Section C-7.5, page 26, states that the MTF will be sending referral information to the contractor in a HIPAA compliant manner. The TRICARE Operations Manual (August 1, 2002), Chapter 1, Section 8, item 1.3, Interface Meetings, references a MHS Referrals and Authorization System. Please describe the business function of this system and the expectations of the contractor related to this system. Will the contractor be required to only accept data from this system for MTF reliant in the HIPAA-compliant 278 format, or will the contractor be required to load referral and authorization data into this system and interface with this system during adjudication? If so, will this be on-line real time access available 7 days a week, 24 hours a day?

RESPONSE: The function of this system is for the MTFs to send and receive referrals. The contractor is required to transmit referrals to the MTF for a determination of availability in accordance with the "first right of refusal" provision. When an MTF refers a patient to a civilian source of care, the MTF will send the 278 transaction to the contractor to load in the contractor's system(s).

104. Section C-7.21 requires the claim processing system to be a single database and HIPAA compliant. Does this mean a single claims processing system or can multiple processing systems be used provided a single database of all processed claims is produced?

RESPONSE: The requirement is for a single system. However, this single system may be operated from multiple locations.

105. Section C-7.23, page 30, requires the contractor to interface with the TRICARE Encounter Data (TED) system. Will the interface with this system be tested in the Benchmark Test? If so, would the first test of this interface be expected to occur 6 months prior to Health Care Delivery (page 40), or September 2003? Will the incoming contractor be required to convert existing HCSR data to TEDS?

RESPONSE: Please refer to the TRICARE Operations Manual, Chapter 1, Section 8 for a full description of the benchmark test and the timing of the test.

106. Section C-7.35 references "MHS Enterprise Architecture". The WEB site (<http://www.hirs.osd.mil/hdp.index.html>) noted in the reference is not functional. Can the government provide the contractor with information on the requirements of the "MHS Enterprise Architecture"?

RESPONSE: The Government will obtain the architecture and provide it to all offerors who requested a data package.

107. Section C-7.36 requires contractors to comply with the Personnel Security program, stating that all contractor employees with access to Government Systems be designated ADP level I, II or III and complete the appropriate background checks as described in Section J, Attachment 5. Please verify whether the requirement for Personnel Security classification with background checks applies to contractor employees with read only access to government systems via contractor systems such as DEERS, CDCF and TEDs.

RESPONSE: Yes, the individual with read only access would require the appropriate level of security checks.

108. Section C-7.44 requires the contractor to implement and operate all provisions of this contract in a TRICARE contract region not initially awarded to the contractor within 60-days of receiving notice from the Contracting Officer. We do not fully understand this requirement and request additional information on the requirements of the contractor, including an example(s) of circumstances when this provision would be invoked.

RESPONSE: C-7.44 was removed in Amendment 0001.

109. Please reference Section H.11.a.(2).(b), page 56. We believe there is a word omission in the last paragraph on page 56. When discussing error determination rebuttals, the government explains what documentation is needed and then states, "Absent any of this documentation the payment error will be removed." We presume that in the absence of such documentation, the government means that the error will not be removed. Please clarify.

RESPONSE: This paragraph will be deleted in a future amendment.

110. Section K.11 includes FAR 52.230-1 Cost Accounting Standards Notices and Certifications. However, Cost Accounting Standards per 48 CFR 9903.201-1 contains 15 categories of contracts that are exempt from all CAS requirements. Specifically, "Firm fixed price contract or subcontract awarded on the basis of adequate price competition without submission of cost or pricing data" is listed as one of these categories. As a result, the contract to be awarded is exempt from all CAS requirements. Does the Government concur with this conclusion?

RESPONSE: No. The contracts resulting from this RFP are not firm-fixed-price contracts; therefore, they are not exempt from CAS coverage.

111. The RFP contains FAR 52.215-20 Requirements for Cost or Pricing Data or Information Other than Cost or Pricing Data. However, the text of the provision contained in the RFP deals only with the submission of Cost or Pricing Data. Cost or Pricing Data is not being submitted and therefore the text of the provision for FAR 52.215-20 should not address Cost or Pricing Data. This is a competitive acquisition with the offeror providing Information Other than Cost or Pricing Data in the form of cost build ups to support the proposed rates (per Section L.12). The offeror suggests that "Alternative 4" of the FAR clause 52.215-20 should have been used to replace the text of the basic provision. As a result, the entire text as contained in Section L.7 should be changed to read, "Submission of cost or pricing data is not required. Reference Section L.12 Proposal Preparation for the information that is required." Does the Government concur with this position and will this clause be changed?

RESPONSE: The clause will not be changed. If only one offer is received for a contract region, this clause is necessary if the contracting officer requires cost or pricing data to determine price reasonableness. Note that this clause is in Section L. Section L is not part of the awarded contract.

112. The RFP contains FAR clauses that deal with the submission of Cost or Pricing Data, which are typically only included in solicitations when there is not a competitive acquisition. Specifically, the RFP contains FAR 52.215-10 Price Reduction for Defective Cost or Pricing Data, 52.215-12 Subcontractor Cost or Pricing Data, which the offeror suggests should not be applicable to this contract because this is a competitive source selection (per Section M.3). Since the submission of Cost and Pricing Data is not required then the stated FAR clauses should be removed from the contract. Does the Government concur with this position and will these clauses be removed from the contract?

RESPONSE: Please see answers 111 and 348.

113. TRICARE Operations Manual, Chapter 12, Section 7.3.2 (August 1, 2002) states "the contractor shall transfer out of jurisdiction calls requiring the assistance of another contractor." Is the intent of the government for the contractor to not refer the caller to the appropriate contractor but for the contractor's customer service representative to place an outgoing call to connect the caller to the correct contractor?

RESPONSE: The Government's intent throughout this contract is to provide exceptional customer service. This includes transferring calls rather than providing telephone numbers and hanging up.

114. L-12.f.(2)(b) – Does the 25 page limit apply for the total contract or do each of the first tier subcontractors have 25 pages to present a past performance narrative?

RESPONSE: The 25 page limit applies to Sections L-12.f.(2)(b) and L-12.f.(2)(c).

115. L-12.f.(3) – Does the requirement to submit financial information apply to first tier subcontractors?

RESPONSE: No

116. L-12.f.(2)(h) – This requirement says that the government may contact all references on the form. There are no references requested on the form. How many references are desired?

RESPONSE: *Revised 3 September 2002*

The reference is to forms and refers to all forms provided, not just Attachment L-6. No references are required on Attachment L-6 but may be provided.

117. C-7.1.1. – Will the contractor's NCQA accreditation suffice to meet the requirement to have the network accredited by a nationally recognized accrediting organization?

RESPONSE: NCQA is one nationally recognized accrediting body.

118. C-7.1.16. – Are behavioral health providers subject to the requirement to submit consultation reports to the beneficiary's primary care manager?

RESPONSE: Yes.

119. C-7.2. – Would a behavioral health subcontractor be expected to audit 2% of these referrals, or would the prime contractor be responsible for determining whether and how to include them?

RESPONSE: MTF PCMs will make referrals when medically necessary and appropriate. The Audit requirements apply to the contract, in total. The Government will hold the prime contractor liable for accomplishing all required tasks. How subcontractual agreement are created and what is included is a matter between the prime contractor and their subs.

120. C-7.3. and C-7.4. – Section C-7.3. addresses an administrative coverage review that does not encompass preauthorization. Section C-7.4. addresses a medical necessity review for behavioral health care for beneficiaries who are **not** enrolled to an MTF. To what behavioral health services do these requirements apply. (Please reference the TRICARE Policy Manual, Chapter 1, Section 7.1.I. that indicates that all behavioral health services for all beneficiaries are to be reviewed for medical necessity except the first eight outpatient psychotherapy sessions).

RESPONSE: Per 32 CFR 199, no payment may be made for services which are not medically necessary and appropriate. The Policy Manual does not eliminate this requirement.

121. C-7.3.3. – Which HEDIS measures are applicable to behavioral health services?

RESPONSE: *Revised 26 September 2002*

RESPONSE: The HEDIS measures requirements will be deleted in a future amendment.

122. C-7.17. – Does the requirement to provide 10 person-hours per week to be used at the MTF commander's discretion apply exclusively to the prime?

RESPONSE: All requirements of this contract apply exclusively to the prime. The Government has no contractual relationship with any other party.

123. C-7.28. – Where will the TRICARE Regional Administrative CO's office will be located?

RESPONSE: The 3 Regional offices will be in San Antonio, TX, San Diego, CA and Washington, D.C.

124. CLIN 0101 States Option Period I is from 1 April 2004 until 31 March 2004. Please confirm that Option Period I is from 1 April 2004 until 31 March 2005.

RESPONSE: Confirmed; date was revised in Amendment 0001.

125. CLIN 1103 States the transition expires in Option Period I on 31 May 2004. By contrast, Section F, Deliveries or Performance, F.3.b.(3)(b) on page 37 states the transition expires in Option Period I on 31 March 2005. Please confirm that the transition expires in Option Period I on 31 May 2004.

RESPONSE: Confirmed; date was revised in Amendment 0001.

126. CLIN 1112AA The Amount column for this CLIN states "To Be Negotiated". The CLINs for the West and South Region Option Period I Target Underwritten Health Care Costs do not so state. Please confirm whether CLIN 1112AA will be negotiated.

RESPONSE: Confirmed. CLIN 1112AA will be revised in a future amendment.

127. C7.1 What criteria will the Government use to assess network stability?

RESPONSE: Evaluation criteria are not releasable

128. C.7.1.1. How will the Government enforce the requirement that the contractor acquire accreditation?

RESPONSE: We have many choices including, but not limited to, termination for default.

129. C.7.1.10. Will the Administrative Contracting Officer grant a blanket exception to allow the contractor to meet network adequacy and access standards?

RESPONSE: No, we fully expect to receive what we pay for.

130. C7.1.10. If a provider does not have the capability to submit electronic claims, how long does the provider have to get compliant and put whatever infrastructure (e.g., hardware, software, policies) is needed on their end?

RESPONSE: The requirement is for the prime contractor. How the prime elects to manage their subcontractors, the providers, will not be dictated by the Government. We will hold the prime responsible for fulfilling the contract requirements on the first day of health care delivery.

131. C7.1.10. How does the Government intend to enforce 100 percent

participation for electronic claims submission? Will the Government create two categories of network provider: 1.those that can submit electronically and 2. those that do not have this capability?

RESPONSE: We will hold the prime contractor responsible. The Government will not create special provisions that allow contractors to avoid delivering the services required by the Government.

132. C7.1.10. Will the Administrative Contracting Officer grant a blanket exception or only on a case by case basis?

RESPONSE: Case-by-case

133. C7.1.11. Is the contractor responsible for encouraging the acute care medical/surgical hospitals in its network to become members of the National Disaster Medical System?

RESPONSE: Yes, this is listed as a "requirement."

134. C7.1.11. Does the contractor need to be able to report which of the acute care medical/surgical hospitals in its network are members of the National Disaster Medical System?

RESPONSE: This is beyond the scope of the requirement.

135. C7.1.12. May the contractor use education materials (e.g., direct mail, handouts, presentation, provider handbooks) it develops for providers in addition to those provided by the Marketing and Education contractor?

RESPONSE: No, MCSCs must work through the Marketing and Education contractor to obtain needed materials.

136. C7.1.13. Is there a specific point of contact at the VA Health Administration Center to whom the contractor should furnish its central address for delivery of marketing and educational materials?

RESPONSE: Yes. The name and address will be provided post award.

137. C7.1.13. Please clarify whether and when the DVA will provide the materials.

RESPONSE: The provision clearly states, "When the DVA provides the materials".

138. C7.1.15. Does this requirement pertain if the beneficiary chooses to use the Point of Service option for non-excluded services?

RESPONSE: Yes

139. C7.1.16. Does the requirement to provide a consultation report within five working days apply only to beneficiaries enrolled to MTF Primary Care Managers? Does the requirement apply only to beneficiaries enrolled in TRICARE Prime (both civilian and MTF)? Does the requirement apply to beneficiaries enrolled in TRICARE Plus?

RESPONSE: The requirement applies to all MHS beneficiaries.

140. C7.1.16. Does the requirement refer to care provided by non-network providers?

RESPONSE: No.

141. C7.1.16. Please define referral reports as used in relation to this requirement.

RESPONSE: A report of the clinical treatment provided and recommendations for further treatment.

142. C7.1.2. What responsibility will the contractor have regarding the requirement that MTFs refer their TRICARE Prime enrollees to network providers (except as stated) and that the Regional Director approve exceptions? Will the MTFs contact the Regional Director directly or through the contractor?

RESPONSE: *Revised 9 September 2002*

These exceptions will be reported by the MTF Commander and will not involve the contractor.

143. C7.1.2. Expand on the statement that federal health care systems are excluded from this Government policy. Does this mean that MTFs can or should refer to these systems even though there may be other non-network providers available who may be more clinically or financially advantageous?

RESPONSE: The MTF can refer to other Federal Health Systems without regard to cost, network status, credentialing or any other factor.

144. C7.1.3. Does the requirement to include providers for the MHS Medicare population mean that the contractor network must contain specialists in geriatrics and other specialties likely to be used by the MHS Medicare population?

RESPONSE: Yes, this contract is to service the MHS population, in total.

145. C7.1.3. What level of interface will be required between the TDEFIC and the MCSC regarding provider data, network maintenance, and network education?

RESPONSE: Very little. TDEFIC will adjudicate claims based either Medicare's determination, the TEPRB, or through their own authorization activity. Network maintenance is the MCSC's sole responsibility, to include training on ALL aspects of TRICARE.

146. C7.1.3. Will the Government require the contractor to provide information on its network providers to the TRICARE Dual Eligible Fiscal Intermediary contractor? If so, what information does the TDEFIC require? If not, what is the purpose of requiring the contractor to build networks to ensure access standards are met for the MHS Medicare population?

RESPONSE: Please see the previous response. The purpose is to provide a very high level of service to all of our beneficiaries. It is critical that every interested bidder recognizes the responsibility the Department accepts for all of our

beneficiaries and, in recognizing this fact, prepares to provide the required level of service, without hesitation.

147. C7.1.4. Is it the Government's intent to limit the contractor's response only to the agents listed in the requirement, or should the contractor provide this response to any agent of the Government?

RESPONSE: The requirement is to respond to Government agents. The positions listed are the most likely individuals to require the information.

148. C7.1.4. Please clarify how the contractor should inform the Government and who specifically the contractor should notify.

RESPONSE: The contractor shall notify the personnel specifically listed in this provision of inadequacies. The notification shall include the material required in the specification.

149. C7.1.4. Does the definition of network inadequacy include any single instance of a patient being unable to obtain an appointment within the distance or wait access standards? If the answer is yes, does the definition of network inadequacy also include an instance of patient's refusal to accept a network provider who can provide an appointment within access standards?

RESPONSE: Yes, the definition of network inadequacy includes any single instance of a patient being unable to obtain an appointment within the distance or wait access standards. It does not include an instance of a patient's refusal to accept a network provider who can provide an appointment within access standards.

150. C7.1.5. In light of the dynamic nature of MTF capabilities (most especially under mobilization or deployment contingencies), will the Government grant relief from office wait time and appointment wait time access standards in these situations?

RESPONSE: Absolutely Not.

151. C7.1.6. Would an incumbent MCS contractor who was a successful offeror under this solicitation need to amend existing TRICARE network provider agreements to include the VA provisions? Given declining reimbursement levels (in line with Medicare) and growing provider dissatisfaction with TRICARE administrative requirements, is it in the best interest of the program to have to conduct a significant recontracting or amendment process in order to meet the RFP requirements?

RESPONSE: Yes. The second question concerns a policy issue and will not be addressed through this venue.

152. C7.1.6.1. Please clarify whether the contractor should ask all providers to accept CHAMPVA assignment or just the providers listed in the parenthetical statement?

RESPONSE: Just the providers listed in the parenthetical statement.

153. C7.1.6.1. Is the contractor responsible for reporting this information to the

CHAMPVA? If so, how, to whom, and at what intervals should the contractor submit the information?

RESPONSE: The requirement is, "For any published network provider listing, the contractor shall indicate in a readily discernable manner which providers accept CHAMPVA assignment on claims." Since these listings are available to the general public, it is not necessary to provide the Veteran's Administration with special listings.

154. C7.1.7. Please clarify the ways in which the contractor is to ensure that access standards are met for Prime Service area beneficiaries?

RESPONSE: The way in which the contractor ensures access is the contractor's responsibility to propose.

155. C7.1.8. Does the contractor have to publish the National Guard/Reserve status of its network providers?

RESPONSE: No, however, the contractor must be able to provide this information to the Government, upon request.

156. C7.1.9.4. Reference CFR 199.17(q). It appears that, under this clause, an MTF Commander can invoke the "any qualified provider method." Is this correct? If so, how does this interact with the contractor's network? Can this override a contractor's network? How would the healthcare target cost be adjusted for such a decision?

RESPONSE: *response revised 3 September 2002*

This section of the regulation was written to address implementation of TRICARE in locations where a Managed Care Support Contract was not yet in place, or where it was not possible to implement a contract. Since we were able to implement managed care support contracts across the country, the section was never needed. The TRICARE final rule in October 1995 was clarified in response to comments about the section:

"As provided in section 199.17(p)(7), there are several possible methods for establishing a civilian preferred provider network, including competitive acquisitions, modification of an existing contract, or use of the "any qualified provider" approach described in section 199.17(q). The current method of choice in implementing TRICARE is the first approach: DoD plans to award several regional managed care support contracts in the next few years. The managed care support contractors will establish the civilian provider networks according to the requirements specified in the government's request for proposals (RFP) for each procurement; these RFP requirements will be consistent with the provisions of section 199.17(p). At this point, we do not anticipate any broad use of the "any qualified provider" approach; it could be used under special circumstances, however."

155. C7.1.9. For any of the MTFs in any of the Regions:

157. C.7.1.9. For any of the MTFs in any of the Regions

a. Is there any planned downsizing in services or personnel?

RESPONSE: TMA is not aware of any publicly announced downsizing in services or personnel; however, offerors must be aware that military troop movements are often times secret.

b. Are there any planned additions in services or personnel?

RESPONSE: TMA is not aware of any publicly announced additions in services or personnel; however, offerors must be aware that military troop movements are often times secret.

c. What are the current resource sharing and support projects (by number of personnel and expenditure)?

RESPONSE: All current Resource Sharing and Resource Support projects will terminate with the expiration of the current contracts. The Surgeon's General are evaluating these initiatives and, where appropriate, will replicate current services provided under existing Resource Sharing and Resource Support provisions via means other than the Managed Care Support Contracts. The data package available for purchase in support of this RFP contains the information currently publicly available on existing agreements.

d. What are planned and/or desired resource sharing projects?

RESPONSE: The Government has not established a list of planned or desired agreements. Rather, the requirement is for the contractor to address in the proposal the offeror's criteria for determining the appropriateness of a Government proposed agreement and the processes the contractor will employ to identify potential resource sharing opportunities (See Section L-12.e.(1)(a)[2]).

158. C7.1.9. Please provide a listing of the TRICARE special programs, as the term special can be interpreted in many ways and is not defined in the Operations Manual, Appendix A.

RESPONSE: These programs are all included in the TRICARE Operations and TRICARE Policy Manuals. An example is Program for Persons with Disabilities.

159. C7.1.9. Please specify the complement of services provided by each MTF in each region.

RESPONSE: Please refer to the data package for all available information.

160. C7.10 Would electronic notification meet the notification requirement?

RESPONSE: Please see Amendment 0001 for the revision to this requirement.

161. C7.10 May the contractor create the notification letter, or will the contractor use a standard letter from CHCS?

RESPONSE: Please see Amendment 0001 for the revision to this requirement.

162. C7.10 Should the contractor mail the letters using first-class postage or

another level of postage?

RESPONSE: Please see Amendment 0001 for the revision to this requirement.

163. C.7.10 Can the contractor have access to DOES at all of the contractor's locations, including TRICARE Service Centers?

RESPONSE: No.

164. C.7.10 If DEERS is considered to be the enrollment system of record, what flexibility does the contractor have to interface real-time with DEERS? Will the Government allow the contractors to create a "real-time" 2-way standard interface to DEERS through a secure network for accurately handling enrollments, re-enrollments, disenrollments, and transfers in and out of the region?

RESPONSE: Please refer to the TRICARE Systems Manual, Chapter 3.

165. C.7.10 If CHCS system problems prevent the contractor from assigning a Primary Care Manager, what is the contractor's responsibility to complete the assignment?

RESPONSE: The requirement for the contractor to directly access CHCS to enter the MTF enrollee's PCM was deleted in Amendment 0001. The contractor will enter all enrollments into DEERS/DOES. If a network problem prohibits communication between DEERS and a CHCS system DEERS will collect the information until communications are restored. At that time, DEERS will retransmit the backlogged notifications in the order the transactions were processed.

166. C.7.10 If the contractor will not assign a PCM for TRICARE Plus enrollees, who will?

RESPONSE: Please see Amendment 0001 for revised requirements.

167. C.7.10 How will the contractor receive accurate lists of MTF PCM names, locations, and telephone numbers from which to create notification letters?

RESPONSE: DMDC/DEERS will issue the notification letters.

168. C.7.11. What Government systems are used in the enrollment process?

RESPONSE: Please refer to the TRICARE Systems Manual, Chapter 3.

169. C.7.11. Will the Government allow the contractor to have read-only access to DOES from multiple locations?

RESPONSE: No

170. C.7.11. Will the Government allow a two-way, real-time interface into the DEERS system for electronic enrollment, disenrollment, and changes in status?

RESPONSE: Please refer to the TRICARE Systems Manual, Chapter 3.

171. C.7.11. Does the contractor have to provide the forms to MTFs and the

Regional Director, or will these DOD units have their own supply of forms?

RESPONSE: Your question is unclear. If you are referring to the enrollment and disenrollment forms, the Government will furnish all enrollment forms. Please see Attachments 2 and 3.

172. C.7.11. Will electronic signature on enrollment forms be allowed? What is the Government's definition of an electronic signature?

RESPONSE: TMA has not approved the use of electronic signatures on enrollment forms.

173. C.7.11. Will the Government provide the contractor with a form for enrollment in TRICARE Plus?

RESPONSE: The contractor will use the enrollment and disenrollment forms in Attachments 2 and 3.

174. C.7.11. Does an enrollment form submitted at the TRICARE Service Center count as receipt by the contractor for the purposes of calculating enrollment processing cycle time? If so, then the contractor would need access to the government-furnished enrollment application at the TRICARE Service Centers to complete enrollments timely.

RESPONSE: Receiving an enrollment form at any contractor port of entry counts for the purposes of calculating enrollment processing cycle time. Contractors will use the Government forms as indicated in Attachments 2 and 3. Ready access to the forms is a contractor responsibility.

175. C.7.12. Will Military Treatment Facilities communicate enrollment capacity in the Collaborative Agreement? If not, how will Military Treatment Facilities communicate enrollment capacity to the contractor? How often will the Military Treatment Facilities update their capacities and communicate this information to the contractor?

RESPONSE: Please review the data package for historical information. The enrollment capacity of each MTF will be a part of the Memorandum of Understanding (MOU) reached with the MTF Commanders as further discussed in the TOM, Chapter 16. Updates are as necessary to ensure balance workloads between the MTF and the civilian network. Please review the data package for historical information. The enrollment capacity of each MTF will be a part of the Memorandum of Understanding (MOU) reached with the MTF Commanders as further discussed in the TOM, Chapter 16. Updates are as necessary to ensure balance workloads between the MTF and the civilian network.

176. C.7.12. Should the contractor adhere to the 30 minute drive time access standard in determining whether to enroll all beneficiaries to the MTF until capacity is reached? How should the contractor measure the 30 minute drive time?

RESPONSE: Yes. The Government will not instruct the contractor on its procedures of how to measure the drive time.

177. C.7.12.1 Is the contractor responsible for receiving exception requests and

forwarding them to the MTF commander? How will the MTF commander notify the contractor of a decision to waive the requirement?

RESPONSE: If received by the beneficiary, the contractor shall forward the request to the MTF Command according to the procedures established in the MOU.

178. C.7.12.1 How quickly will MTF Commanders and the Regional Director decide whether to approve exceptions to MTF enrollment?

RESPONSE: That will be covered in the MOUs. Please see the TOM, Chapter 16, Addendum A.

179. C.7.14 How will the contractor initiate the allotment from retirement pay option if an enrollee chooses it?

RESPONSE: The beneficiary initiates the allotment.

180. C.7.16. What scope of services must the contractor provide on site at a TSC?

RESPONSE: Please refer to the TOM, the relevant sections of Chapter 12 and the RFP, Sections C-7. 8., C-7.10, C-7.16, and other relevant sections of the RFP.

181. C.7.16. What are those customer service activities that the contractor must provide offsite? How does the Government define highest service levels?

RESPONSE: After reviewing the sections referenced in question 178, the contractor shall make its own determination of how to best meet the requirements and the objective of maintaining beneficiary satisfaction at the highest.

182. C.7.16. Do the offsite activities have to occur within the catchment area? Do they have to include walk-in service?

RESPONSE: The requirement states that off-sites must be convenient to the beneficiaries. The contractor shall make its own determination of how to best meet the requirements and the objective of maintaining beneficiary satisfaction at the highest level.

183. C.7.16. Will the Marketing and Education contractor ship directly to the TSCs? If so, how often

RESPONSE: No. Please refer to the draft Marketing and Education Section C published on the TMA web site:
http://www.tricare.osd.mil/pmo/t-nex/marketing_education/

184. C.7.16. Will beneficiaries call the Marketing and Education contractor or the Managed Care Support contractor to request materials to be mailed to them?

RESPONSE: Beneficiaries will call only the MCSCs for information.

185. C.7.16. If access to TRICARE Service Center physical space is limited or terminated for the reasons stated, does the contractor need to provide the TRICARE Service Center services in the catchment area? If yes, does the contractor need to maintain an off-base facility that it can activate during periods of limited or

terminated access?

RESPONSE: As stated in the RFP: "The contractor shall establish a customer service presence for all MHS eligible beneficiaries at each MTF, Prime service area, and BRAC site, either within the MTF, on the base, or if a BRAC site, at a location convenient to beneficiaries." The contractor shall make its own determination of how to best meet the requirements and the objective of maintaining beneficiary satisfaction at the highest level.

186. C.7.16. What TRICARE Service Center activities must the contractor conduct during such contingency periods? Does the contractor have to provide walk in service capability during such contingency periods?

RESPONSE: The contractor must maintain the same level of services during contingency periods as if no contingency existed and continue to meet the standards required by the contract.

187. C.7.16. What does the Government consider to be a customer service presence?

RESPONSE: The contractor shall have contractor staff physically located where TSCs are required.

188. C.7.17. May the MTF Commander use the 10 person-hours per week for non-TRICARE related services, at his or her discretion?

RESPONSE: No.

189. C.7.17. Is the requirement 10 person-hours per TRICARE Service Center? Is the Regional Director entitled to 10 person-hours per week for all noncatchment areas? For the purposes of this requirement, are non-catchment areas locations where TRICARE Prime is not offered, or are non-catchment areas locations where there is no MTF?

RESPONSE: It is 10 person hours at each MTF Commander's direction. The Regional Director will provide input to each MTF Commander as to the needs of the non-catchment area (no MTF) beneficiaries.

190. C.7.18 Does the contractor need to provide automated Health Care Finder Services accessible via the Internet or other automated means? Does the Government consider these Services to be part of the customer service that the contractor will provide, and thus subject to customer service performance standards?

RESPONSE: Please refer to the RFP, Section C-7.6. The standards of this contract apply to all venues of customer service.

191. C.7.2. Will the Military Treatment Facilities provide evidence of the receipt of the reports to the contractor?

RESPONSE: The acknowledgement of receipt of the consultation or referral reports are to be addressed in the MOU.

192. C.7.2. The audit must determine whether the provider returned all required

information within the standard. What information does the Government require?

RESPONSE: The information necessary for the primary care manager to make an informed decision on the status of the beneficiaries care and health.

193. C.7.2. Please clarify the scope of the corrective action plan that the contractor develops when the audit reveals failure to respond in more than two percent of the sample? Does the plan need to address all referrals or just those over the two percent? How is the contractor to determine which referrals fall into the under two percent portion or the over two percent portion?

RESPONSE: The corrective action plan must address the how the contractor will ensure that all referral reports containing the necessary information are received at the MTF within the standard set forth by Section C-7.1.16.

194. C.7.21. What does the Government mean by a single database?

RESPONSE: The requirement is for a single system. However, this single system may be operated from multiple locations.

195. C.7.21.1. What does the phrase "claims/encounters (including adjustments)" mean?

RESPONSE: Please see the TOM, Appendix A for the definition of claims and adjustments. Encounters refer to services rendered where no claim forms (hard copy or electronic) are generated but must be reported as required by the claim definition.

196. C.7.21.15 Do the North or West contractors process authorizations for beneficiaries enrolled in the Continuing Health Care Benefit Program who reside in the North or West regions? Do the North or West contractors include Continuing Health Care Benefit Program enrollees living in the North or West regions in their medical management, clinical management, or disease management.

RESPONSE: All activities (e.g. claims processing, enrollments, customer service) for CHCBP enrollees will be conducted by the South Contractor.

197. C.7.21.18 In the example given, who is liable for any amount above the appropriate copayment?

RESPONSE: The contractor is liable.

198. C.7.21.18 If an MTF refers its Prime enrollee to a non-network provider who does not accept assignment (and thus may charge up to 15 percent over the allowable amount), may the contractor report the health care costs paid in excess of CMAC, DRG, or prevailing charges for the purpose of actual costs reported for health care fee determination?

RESPONSE: No

199. C.7.21.2. What is the extent of the "program administration" and "incurred cost" data that the contractor must make available to the Government?

RESPONSE: Examples of program administration would be the organizational structure and the contractors' internal policies, procedures, and standards for meeting the requirements of the contract. Incurred cost data is all health care costs.

200. C.7.21.2. Please specify how the Government wants to access the contractor's full set of TRICARE data. Please specify whether the contractor needs to analyze any of the data, or whether the Government only wants access to the raw data.

RESPONSE: Access may be obtained through a secure Internet portal, government data lines (NIPRNET See the TSM, Chapter 1), or other avenues that will be addressed during the transition. The contractor will not be asked to analyze any of the data that is not otherwise already required by the contract to include the manuals.